

Applicant claims Small Entity Status

The filing fee has been calculated as shown below:

FOR:	CLAIMS FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	STANDARD RATE	STANDARD FEE
NON-PROVISIONAL APPL. BASIC FEE				\$355		\$710
TOTAL CLAIMS	56	36	X \$9 =	\$324	X \$18 =	
INDEPENDENT CLAIMS	10	7	X \$40 =	\$280	X \$80 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			X \$125 =	0	X \$250 =	
				TOTAL	\$959	TOTAL

Please charge the amount of \$_____ to Deposit Account No. 19-1535. A duplicate copy of this sheet is enclosed.

Check No. _____ in the amount of \$_____ to cover the filing fee is enclosed.

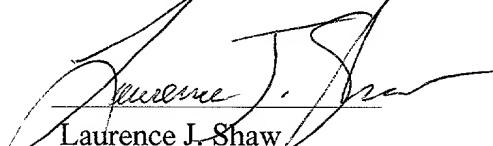
Filing fees will be paid in response to a Notice of Missing Parts.

The Commissioner is hereby authorized to charge payment of any additional required fees associated with this communication or credit any overpayment to Deposit Account No. 19-1535. A duplicate copy of this sheet is enclosed.

Return receipt postcard.

Respectfully submitted,

Date: January 25, 2001



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